

7002 0060 0006 5229 8078

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$	Postmark Here 1:02-CV-369 Doc. 37 2/14/05
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To	
LOUIS MERRIWEATHER 348-451	
Street, Apt. No., or PO Box No. CCI, P.O. Box 5500	
City, State, ZIP+4 [®] CHILLICOTHE, OH 45601	

PS Form 3800, April 2002

See Reverse for Instructions